

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form. Type of Statement □ NEW **XI** AMENDED This committee is filing an amended Statement of Organization. This committee is registering with the Virginia State Board of Elections for the first SBE-issued Committee ID Date Changes Took Effect 09/20/2016 CC-12-00942 Committee Information Ebbin for Virginia Name of Candidate Campaign Committee PO Box 26415 Street Address/PO Box Suite # Committee VA 22313-641 Alexandria Information Zip Code City State info@adamebbin.com 703-671-3843 Daytime Phone # Email Address www.adamebbin.com Campaign Website **Candidate Information** Ebbin Adam Hon. Suffix Salutation Last Name First Name Middle Name 1201 Braddock Pl 210 Residence Address Apt# VA 22314-166 Alexandria Candidate Information Zip Code City State 710023408 **ALEXANDRIA CITY** County or City of Residence Voter Identification # 703-395-1858 adam@adamebbin.com Daytime Phone # Email Address 🗷 By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** Member Senate Of Virginia State Senate - 30th District Election District (if one) Office Sought Information

2019

Year of Election

November May Special
Type of Election

Democratic

Political Party

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | | | |
|---------------------------------------|--|---------------|------------------------------|--|--|--------------|--|
| Treasurer Information | Mr. | Holcomb | Greg | jory | J. | | |
| | Salutation | Last Name | First | Name | Middle Name | Suffix | |
| | 2721 S Adams St | | | 302 | | | |
| | Residence Address | | | Apt# | | | |
| | Arlington | | | VA | | 22206-288 | |
| | City | | | State Zip Code | | | |
| | ARLINGT | ON COUNTY | | 237472901 | | | |
| | County or City of Residence | | | Voter Identification # | | | |
| | gregholce | omb@gmail.com | | 202-288-5178 | | | |
| | Email Address | | | Daytime Phone # | | | |
| | By checking this box, I certify that I am currently registered to vote at the address above. | | | | | | |
| | | Car | npaign Depos | sitory | <u> </u> | | |
| Bank of Americ | a | | | • | | | |
| Name of Primary Financial Institution | | | Name | Name of Other Financial Institution (if applicable) | | | |
| Arlington VA | | | | | | | |
| City | | State | City | State | | | |
| | | Co | mmittee Acti | vity | | | |
| Dates of Activity | Please provide the following dates. (If an a Date first contribution accepted: Date first expenditure made: Date campaign depository designated Date filing fee paid for party nominat | | pted: :: designated: _ | 03/01/2011 03/02/2011 02/28/2011 03/20/2015 | for this committee, | write "N/A") | |
| | Date Statement of Qualification filed: Date treasurer appointed: | | ntion filed: | 03/20/2015 | and a distribution of the second of the seco | | |

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

| Filing Method | | | | | | |
|--------------------------|---|--|--|--|--|--|
| | Please indicate the method by which this committee will submit all required campaign finance reports: | | | | | |
| Filing Method | ☐ File electronically using SBE's Electronic Filing Application. | | | | | |
| | File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) | | | | | |
| | ☐ File paper reports. | | | | | |
| | Oddur Eblis 9/27/16 Signature Date | | | | | |
| Signatures | | | | | | |
| Candidate's Signature | I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends, Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature Date | | | | | |
| Treasurer's Signature | I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer's Signatore | | | | | |